AMENDED IN ASSEMBLY JANUARY 25, 2016

AMENDED IN ASSEMBLY MAY 20, 2015

AMENDED IN ASSEMBLY APRIL 30, 2015

AMENDED IN ASSEMBLY APRIL 23, 2015

AMENDED IN ASSEMBLY APRIL 13, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1300

Introduced by Assembly Member Ridley-Thomas

February 27, 2015

An act to amend Sections 5001, 5008, 5013, 5150, 5150.05, 5150.1, 5150.2, 5151, 5152.1, 5153, and 5270.50 of, to add Sections 5001.5, 5023, 5024, 5025, 5026, 5150.2.5, 5150.3, 5151.1, and 5151.2 to, to add the heading of Article 1.3 (commencing with Section 5151) to, to add Article 1.1 (commencing with Section 5150.10) to, to add Article 1.2 (commencing with Section 5150.30) to, Chapter 2 of Part 1 of Division 5 of, to repeal Section 5150.4 of, and to repeal and add Section 5152.2 of, to the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1300, as amended, Ridley-Thomas. Mental health: involuntary commitment.

Under existing law, when a person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated AB 1300 -2-

members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation.

This bill would authorize counties to designate one or more persons to act as a local or regional liaison to assist a person who is a patient in an emergency department of a defined nondesignated hospital and who has been detained, or who may require detention, for evaluation and treatment, as specified. The bill would reorganize and make changes to the provisions relating to the detention for evaluation and treatment of a person who may be subject to the above provisions, including specifying procedures for delivery of those individuals to various facilities; evaluation of the person for probable cause for detention for evaluation and treatment; terms and length of detention, where appropriate, in various types of facilities; and criteria for release from defined designated facilities and nondesignated hospitals. The bill would authorize a provider of ambulance services to transfer a person who is voluntarily transferring to a designated facility for evaluation and treatment. The bill would also make changes to the methods by which law enforcement is notified of the release of a person detained for evaluation and treatment.

This bill would require a nondesignated hospital, as defined, to notify the county in which the nondesignated hospital is located of a person's detention pursuant to that provision, and to use the 24-hour toll-free telephone number established by the county's mental health program for psychiatric emergency services and crisis stabilization if the county's mental health program has a 24-hour toll-free telephone number in operation on January 1, 2017, for this purpose. The bill would require that the notification include specified information, including the time when the 72-hour detention period for evaluation and treatment expires, and would require the notification to be documented in the patient's medical record.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 5001 of the Welfare and Institutions Code
- 2 is amended to read:

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5001. The provisions of this part and Part 1.5 (commencing with Section 5585) shall be construed to promote the legislative intent as follows:

- (a) To end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, and to eliminate legal disabilities.
- (b) To provide prompt evaluation and treatment of persons with mental health disorders or impaired by chronic alcoholism.
 - (c) To guarantee and protect public safety.

- (d) To safeguard individual rights through judicial review.
- (e) To provide individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled.
- (f) To encourage the full use of all existing agencies, professional personnel, and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures.
- (g) To protect persons with mental health disorders and developmental disabilities from criminal acts.
- (h) To provide consistent standards for protection of the personal rights of persons receiving services under this part and under Part 1.5 (commencing with Section 5585).
- (i) To provide services in the least restrictive setting appropriate to the needs of each person receiving services under this part and under Part 1.5 (commencing with Section 5585).
- (j) To ensure that persons receive services from facilities and providers that are qualified and best suited to provide the services, and that persons are not detained in settings that are not therapeutic or not designed to meet their needs.
- (k) To affirm that no person may be presumed to be incompetent because he or she has been evaluated or treated for a mental health disorder or chronic alcoholism, regardless of whether that evaluation or treatment was voluntarily or involuntarily received.
- SEC. 2. Section 5001.5 is added to the Welfare and Institutions Code, to read:
- 5001.5. It is the intent of the Legislature that each county shall have the responsibility to ensure that all persons with mental health disorders who are subject to detention under this part or under Part 1.5 (commencing with Section 5585) receive prompt evaluation

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and treatment in accordance with this part and Part 1.5 (commencing with Section 5585), including prompt assessment of the need for evaluation and treatment. It is the intent of the Legislature that each county establish and maintain a mental health service system that has sufficient capacity to ensure the provision of services under this part and Part 1.5 (commencing with Section 5585), including, at a minimum, the services required under paragraph (2) of subdivision (a) of Section 5651.

- SEC. 3. Section 5008 of the Welfare and Institutions Code is amended to read:
- 5008. Unless the context otherwise requires, the following definitions shall govern the construction of this part:
- (a) "Antipsychotic medication" means medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders.
- (b) "Application for detention for evaluation and treatment" means the written application set forth in Section 5150.3.
- (c) (1) "Assessment" means the determination, as described in subdivision (b) of Section 5150 and Section 5151, of the following:
- (A) Whether the person meets the criteria for detention for evaluation and treatment.
- (B) Whether the person is in need of evaluation and treatment and, if so, what services are needed for the person.
- (C) Whether the person can be properly served without being detained, in which case the services shall be provided on a voluntary basis.
- (2) "Assessment" includes, but is not limited to, mental status determination, analysis of clinical and social history, analysis of relevant cultural issues and history, diagnosis, and the use of testing procedures.
 - (d) "Authorized professional" means any of the following:
- (1) A mental health professional or category of mental health professionals, excluding peace officers, who are authorized in writing by a county to provide services described in this subdivision. An authorized professional shall have appropriate training in mental health disorders and determination of probable cause, and shall have relevant experience in providing services to persons with mental health disorders.
- (2) An authorized professional as described in paragraph (1) who is a member of the staff of a designated facility and who is

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authorized by the facility to provide services described in this subdivision.

- (3) A member of a mobile crisis team who is authorized in writing by a county to provide services described in this subdivision.
- (e) "Conservatorship investigation" means an investigation, by an agency appointed or designated by the governing body, of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350).
 - (f) "Court," unless otherwise specified, means a court of record.
- (g) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a superior court pursuant to Article 3 (commencing with Section 5225) of Chapter 2.
- (h) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. The interview or interviews may include family members, significant support persons, providers, or other entities or individuals, as appropriate and as authorized by law. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services.
- (i) "Crisis stabilization service or unit" means an ambulatory service that provides probable cause determinations and assessments, collateral services, and therapy within the scope of its designation under this part.
- (j) "Department" means the State Department of Health Care Services.
- (k) (1) "Designated facility" means a facility or a specific unit or part of a facility that is licensed or certified as a mental health evaluation facility, a mental health treatment facility, or a mental health evaluation and treatment facility. A designated facility may be an inpatient facility or an ambulatory facility.
- (2) "Inpatient facility" means a health facility, or an inpatient unit of a health facility, as defined in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, that

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any of the following:

is licensed by the State of California, has the capability to admit and treat persons on an inpatient basis subject to the requirements of this part, and is designated by a county pursuant to Section 5023. Inpatient facility also includes a hospital or the inpatient unit of a hospital operated by the United States government that has the capability to admit and treat persons on an inpatient basis, subject to the requirements of this part, and that is designated by the county pursuant to Section 5023. A designated inpatient facility includes

- (A) A general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
- (B) An acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code.
- (C) A psychiatric health facility, as defined in Section 1250.2 of the Health and Safety Code.
- (D) A correctional treatment center, as defined in Section 1250 of the Health and Safety Code, operated by a county, city, or city and county law enforcement agency. The department may approve an unlicensed correctional treatment center that is in existence as of January 1, 2016, if the correctional treatment center meets all of the licensing requirements except those that are structurally impracticable.
- (3) "Ambulatory facility" means a facility designated by a county under Section 5023 that provides psychiatric services lasting less than 24 hours in accordance with applicable law and within the scope of the designation. An ambulatory facility may include an outpatient hospital department, clinic, crisis stabilization facility or unit, facility of a medical group, facility of a provider organization other than a medical group, or other facility that meets the requirements established by the department in accordance with Section 5023.
- (1) "Detained for evaluation and treatment" and "detention for evaluation and treatment" mean the taking into custody and detention of a person in accordance with Section 5150.
- (m) "Emergency" means a sudden marked change in the person's condition such that action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not

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1 necessary for harm to take place or become unavoidable prior to treatment.

- (n) "Emergency transport provider" means a provider of ambulance services licensed by the Department of the California Highway Patrol or operated by a public safety agency and includes the authorized personnel of an emergency transport provider who are certified or licensed under Sections 1797.56, 1797.80, 1797.82, and 1797.84 of the Health and Safety Code.
- (o) "Evaluation" means a multidisciplinary professional analyses of a person's medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a problem. Persons providing evaluation services shall be properly qualified professionals and may be full-time employees, part-time employees, or independent contractors of a county, designated facility, or other agency providing face-to-face evaluation services. Face-to-face evaluation services includes face-to-face evaluation by means of telehealth.
- (p) (1) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means either of the following:
- (A) A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.
- (B) A condition in which a person, has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:
- (i) The indictment or information pending against the person at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.
 - (ii) The indictment or information has not been dismissed.
- (iii) As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against him or her and to assist counsel in the conduct of his or her defense in a rational manner.
- (2) For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350),

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"gravely disabled" means a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

- (3) The term "gravely disabled" does not include persons with intellectual disabilities by reason of that disability alone.
- (q) "Intensive treatment" consists of hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. Nothing in this part shall be construed to prohibit an intensive treatment facility from also providing 72-hour evaluation and treatment.
- (r) "Local or regional liaison" means a person or persons authorized by a county, or by two or more counties acting jointly, under Section 5024.
- (s) "Mobile crisis team" means a team comprised of one or more professionals, and which may also include peer counselors, who are authorized by a county to provide probable cause determinations and other services under this part.
- (t) "Peace officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility.
- (u) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2.
- (v) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of the petition; an interview with the petitioner and, whenever possible, the person alleged, as a result of a mental health disorder, to be a danger to others, or to himself or herself, or to be gravely disabled, to assess the problem and explain the petition;

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and when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.

- (w) "Probable cause determination" means a determination whether there is probable cause for the detention of a person for evaluation and treatment. A probable cause determination shall be based solely on the criteria for detaining a person for evaluation and treatment pursuant to Section 5150. The probable cause determination shall not consider the availability of beds or services at designated facilities within or outside of the county.
- (x) "Professional person in charge of a facility" means the licensed person authorized by a designated facility who is responsible for the clinical direction of the designated facility.
- (y) "Professional staff" means the medical staff or other organized professional staff of an inpatient facility.
- (z) "Referral" means referral of persons by each facility, provider, or other organization providing assessment, evaluation, erisis intervention, or treatment services to other facilities, providers, or agencies in accordance with Section 5013 and Part 1.5 (commencing with Section 5585).
- (aa) "Telehealth" means the telehealth services, as defined in paragraph (6) of subdivision (a) of Section 2290.5 of the Business and Professions Code, for the purpose of providing services under this part, including a probable cause determination, the release of a person from detention for evaluation and treatment under Section 5150.15, assessment or evaluation, and treatment. For purposes of this part, telehealth services may be used by any licensed professional, including a psychologist, clinical social worker, and other mental health professional, acting within the scope of his or her profession for providing evaluation, treatment, consultation, or other mental health services under this part.
- SEC. 4. Section 5013 of the Welfare and Institutions Code is amended to read:
- 5013. (a) The purpose of a referral shall be to provide for continuity of care and services. A referral may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, communication with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for escort, transportation, or both, when necessary. All persons shall be

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advised of available precare services that prevent initial recourse to hospital treatment or aftercare services that support adjustment to community living following hospital treatment. These services may be provided through county or city mental health departments, state hospitals under the jurisdiction of the State Department of State Hospitals, regional centers under contract with the State Department of Developmental Services, or other public or private entities.

- (b) It is the intent of the Legislature that referrals between facilities, providers, and other organizations shall be facilitated by the sharing of information and records in accordance with Section 5328 and applicable federal and state laws.
- (c) Each city or county behavioral health department is encouraged to include on its Internet Web site a current list of ambulatory behavioral health services and other resources for persons with behavioral health disorders and substance use disorders in the city or county that may be accessed by providers and consumers of behavioral health services. The list of services on the Internet Web site should be updated at least annually by the city or county behavioral health department.
- SEC. 5. Section 5023 is added to the Welfare and Institutions Code, to read:
- 5023. (a) Each county may designate inpatient and ambulatory facilities within the county, with the approval of the department, that meet the applicable requirements established by the department by regulation. An outpatient or emergency department of a nondesignated inpatient facility may be designated as an ambulatory facility if it meets all the requirements for certification as an ambulatory facility.
- (b) (1) Each county may designate ambulatory facilities within the county that meet the behavioral health needs of persons within the requirements of applicable law and the scope of their designation. The department shall encourage counties to use appropriate ambulatory facilities for the evaluation and treatment of persons pursuant to this part.
- (2) Counties, mental health professionals, providers, and other organizations, with the support of the department, are encouraged to establish crisis stabilization services and other ambulatory facilities that are designated by a county to provide probable cause determinations and assessments, and, as applicable, evaluation and

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treatment services and crisis stabilization services, in settings that are appropriate to the needs of persons with severe mental illness and less restrictive than inpatient health facilities.

- (3) Nothing in this subdivision shall preclude the designation of an ambulatory facility that is an outpatient clinic of a licensed health facility.
- (4) An ambulatory facility shall provide services within the scope of its designation to all persons regardless of their place of residence.
- (c) Regulations adopted pursuant to this part establishing staffing standards for designated facilities shall be consistent with applicable licensing regulations for the type of facility. If there are no licensing regulations for the type of designated facility, or for certain categories of professional personnel providing services in a type of designated facility, the regulations adopted pursuant to this part for staffing standards may differentiate between the types of designated facilities, including ambulatory facilities.
- (d) A county shall not charge or assess a fee for the designation of a facility or an authorized professional.
- (e) Each designated facility shall accept, within its clinical capability and capacity, all categories of persons for whom it is designated, without regard to insurance or financial status. If a person presents to a designated facility with a psychiatric emergency medical condition, as defined in subdivision (f) of Section 5150.10, that is beyond its capability, the facility shall assist the person in obtaining emergency services and care at an appropriate facility.
- (f) In order to provide access by members of the public to information about designated facilities, each county department responsible for mental health services shall maintain on its Internet Web site the locations of all designated facilities within the county, including address, the types of services available at each designated facility, and the hours of operation for ambulatory facilities. The Internet Web site shall be updated if there are changes to the information.
- (g) Each county shall report to the department, on at least an annual basis, a current list of designated facilities within the county, including the name and address of each facility and its facility type. The department shall maintain a list of designated facilities, by county and facility licensure type, on its Internet Web site, and

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update the list not less than annually. The department Internet Web site shall also contain links to each county Internet Web site required by subdivision (f).

- (h) Counties are encouraged to share information with adjacent and other counties with respect to its roster of authorized professionals. An authorized professional shall not be required to obtain approval from another county to be an authorized professional in that county in order to take action under this part.
- SEC. 6. Section 5024 is added to the Welfare and Institutions Code, to read:
- 5024. (a) Each county may authorize one or more qualified persons to act as a local or regional liaison to assist nondesignated hospitals in the county in accordance with this section and Article 1.1 (commencing with Section 5150.10) of Chapter 2. Two or more counties may enter into an intercounty arrangement under which the participating counties agree to authorize one or more persons to act as a local or regional liaison to assist nondesignated hospitals in the participating counties in accordance with this section and Article 1.1 (commencing with Section 5150.10) of Chapter 2.
- (b) The role of the local or regional liaison is to assist a person who is a patient in an emergency department of a nondesignated hospital and who has been detained, or may require detention, for evaluation and treatment. The assistance may include any of the following:
- (1) Arranging for an authorized professional to provide a prompt probable cause determination under Section 5150.13.
- (2) Arranging for an authorized professional to determine whether the detention for evaluation and treatment of a person shall be released under Section 5150.15.
- (3) Arranging for the placement of a person detained for evaluation and treatment who has been medically stabilized for transfer or discharge to a designated facility.
- (c) A local or regional liaison may be employed by, or may contract with, a county or counties and may include personnel of one or more designated facilities within the county or counties. The role of the local or regional liaison may be rotated among the
- 38 categories of persons described in this subdivision.

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(d) A local or regional liaison shall be available 24 hours a day, including weekends and holidays, to provide assistance under this section.

- (e) Each county, or counties acting jointly under this section, shall provide the nondesignated hospitals in the county or counties with the contact information for a local or regional liaison. The means of contact may be a designated telephone number, email, text-messaging or other electronic means, or any combination of the foregoing, so long as the local or regional liaison has immediate access to the means of contact. The contact information provided to nondesignated hospitals shall be updated as necessary.
- (f) This section shall not apply to a county that has not authorized a local or regional liaison.
- SEC. 7. Section 5025 is added to the Welfare and Institutions Code, to read:
- 5025. (a) A designated facility or nondesignated hospital, as defined in subdivision (e) of Section 5150.10, or a physician or other professional staff person who has received training in managing persons who have been detained for evaluation and treatment and is acting within the scope of his or her official duties or employment for the designated facility or nondesignated hospital shall not be liable for any injury resulting from determining any of the following:
- (1) Whether to detain a person for a mental health disorder, inebriation, chronic alcoholism, or the use of narcotics or a restricted dangerous drug in accordance with this part.
- (2) The terms, conditions, and enforcement of detention for a person with a mental health disorder, inebriation, chronic alcoholism, or the use of narcotics or a restricted dangerous drug in accordance with this part.
- (3) Whether to release a person detained for a mental disorder, inebriation, chronic alcoholism, or the use of narcotics or a restricted dangerous drug in accordance with this part.
- (b) A physician or other professional staff person who has received training in managing persons who have been detained for evaluation and treatment and is acting within the scope of his or her official duties or employment for a designated facility or nondesignated hospital shall not be liable for carrying out a determination described in subdivision (a) so long as he or she

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(e) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.

SEC. 8. Section 5026 is added to the Welfare and Institutions Code, to read:

5026. (a) A designated facility or nondesignated hospital, as defined in subdivision (e) of Section 5150.10, or a physician or other professional staff person who has received training in managing persons who have been detained for evaluation and treatment and is acting within the scope of his or her official duties or employment for the designated facility or nondesignated hospital shall not be liable for any of the following:

- (1) An injury caused by an eloping or eloped person who has been detained for a mental health disorder or addiction.
- (2) An injury to, or the wrongful death of, an eloping or eloped person who has been detained for a mental health disorder or addiction.
- (b) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.
- SEC. 9. Section 5150 of the Welfare and Institutions Code is amended to read:
- 5150. (a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer or an authorized professional acting within the scope of his or her authorization may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the department. At a minimum, assessment, as defined in subdivision (c) of Section 5008, and evaluation, as defined in subdivision (n) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (g) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service. The period of 72-hour detention for evaluation and treatment shall begin at the time that the person is initially detained pursuant to this section.
- (b) (1) When an individual detained pursuant to subdivision (a) is taken to a designated facility for evaluation and treatment,

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the professional person in charge, a member of the attending staff of the designated facility, or an authorized professional acting within the scope of his or her authorization by the county, shall assess the person to determine whether he or she can be properly served without being detained. The assessment shall be performed based on the clinical condition and needs of a person detained for evaluation and treatment. This section shall not be construed to prevent an authorized professional from providing consultation or other professional assistance by telehealth. If in the judgment of the authorized professional, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

- (2) If the person detained for evaluation and treatment is taken to a designated ambulatory facility that is authorized by the county to conduct an assessment, the assessment shall be conducted by the professional person in charge of the designated ambulatory facility or his or her designee acting within the scope of his or her licensed profession. The assessment in a designated ambulatory facility may be performed by or in consultation with an authorized member of the professional staff of a designated inpatient facility using telehealth if the designated inpatient facility has agreed to admit the person in accordance with subdivision (a) upon a determination that an involuntary admission is appropriate.
- (3) This section shall not be construed to prevent a peace officer, or an authorized professional employee of an emergency transport provider acting at the direction of the peace officer, from delivering individuals to a designated facility for an assessment under this section. Furthermore, the assessment requirement of this section shall not be construed to require peace officers or authorized professional employees of emergency transport providers acting at the direction of the peace officer to perform any additional duties other than those specified in Sections 5150.1 and 5150.2.
- (4) If an individual detained under subdivision (a) is first taken to an emergency department of a nondesignated hospital, as defined in subdivision (e) of Section 5150.10, the provisions of Article 1.1 (commencing with Section 5150.10) shall apply to the individual during his or her stay in the emergency department of a nondesignated hospital. This section does not require the peace officer or authorized professional who detained the individual

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pursuant to subdivision (a) to take or cause the individual to be taken to an emergency department of a nondesignated hospital.

- (5) Notwithstanding paragraph (2) of subdivision (j) of Section 5008, or any regulation, if a person detained for evaluation and treatment presents or is transferred to a designated ambulatory facility, and following a new determination of probable cause, the professional person in charge of the designated ambulatory facility or his or her designee determines that the person continues to meet the criteria for detention under Section 5150 and should be admitted to a designated inpatient facility for further evaluation and treatment, the designated ambulatory facility shall make and document good faith efforts to arrange placement for the person in a designated inpatient facility. Subject to the requirements of subdivision (a), if the designated ambulatory facility has been unable to arrange placement for the person in a designated inpatient facility within 24 hours, the designated ambulatory facility shall continue to provide evaluation and treatment for the person beyond 24 hours in order to arrange for placement and transfer of the person to a designated inpatient facility, provided the designated ambulatory facility, prior to the expiration of the 24 hours, notifies the county in which it is located and the mental health patients' rights advocate for the county that it is continuing to detain the person beyond 24 hours. The designated ambulatory facility shall not transfer or send a person to an emergency department of a nondesignated hospital unless the person requires examination or treatment for a medical condition that is beyond the capability of the designated ambulatory facility.
- (c) Whenever a person is evaluated by an authorized professional and is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided pursuant to subdivision (b) shall be offered as determined by the county mental health director.
- (d) If, in the judgment of the authorized professional, the person cannot be properly served without being detained, the admitting facility shall require an application in writing pursuant to Section 5150.3.
- (e) At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him or her into

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custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him or her into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211, except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him or her into custody for that property shall terminate. As used in this section, "responsible relative" includes the spouse, parent, adult child, domestic partner, grandparent, grandehild, or adult brother or sister of the person.

(f) (1) Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

My name is
I am a
(peace officer/mental health professional)
with—
(name of agency)
You are not under criminal arrest, but I am taking you for an examination by
mental health professionals at
-
(name of facility)

You will be told your rights by the mental health staff.

(2) If taken into custody at his or her own residence, the person shall also be provided the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off AB 1300 — 18 —

any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.

- (g) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (f) which shall include all of the following:
 - (1) The name of the person detained for evaluation.
- (2) The name and position of the peace officer or mental health professional taking the person into custody.
 - (3) The date the advisement was completed.
 - (4) Whether the advisement was completed.
 - (5) The language or modality used to give the advisement.
- (6) If the advisement was not completed, a statement of good cause, as defined by regulations of the State Department of Health Care Services.
- (h) Each person admitted to a facility designated by the county for evaluation and treatment shall be given the following information by admission staff of the facility. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available to the person in English and in the language that is the person's primary means of communication. Accommodations for other disabilities that may affect communication shall also be provided. The information shall be in substantially the following form:

My name is My position here is You are being placed into this psychiatric facility because it is our professional opinion that, as a result of a mental health disorder, you are likely to (check applicable): — □ Harm yourself. ── □ Harm someone else. — □ Be unable to take care of your own food, clothing, and housing needs. We believe this is true because (list of the facts upon which the allegation of dangerous or gravely disabled due to mental health disorder is based, including pertinent

facts arising from the admission interview).

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—You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.

During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided to you free of charge.

— If you have questions about your legal rights, you may contact the county Patients' Rights Advocate at—

(phone number for the county Patients' Rights

- (i) For each patient admitted for evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (h), which shall include all of the following:
 - (1) The name of the person performing the advisement.
 - (2) The date of the advisement.
 - (3) Whether the advisement was completed.
- (4) The language or modality used to communicate the advisement.
- (5) If the advisement was not completed, a statement of good
- SEC. 10. Section 5150.05 of the Welfare and Institutions Code is amended to read:
- 5150.05. (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, a person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental

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disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

- (b) For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.
- (c) If the probable cause in subdivision (a) is based on the statement of a person other than one authorized to take the person into custody pursuant to Section 5150, the person making the statement shall be liable in a civil action for intentionally giving a statement that he or she knows to be false.
- (d) This section shall not be applied to limit the application of Section 5328.
- SEC. 11. Section 5150.1 of the Welfare and Institutions Code is amended to read:

5150.1. (a) A peace officer or authorized professional employee of an emergency transport provider acting at the direction of a peace officer, seeking to transport, or having transported, a person to a designated facility for assessment pursuant to subdivision (a) of Section 5150 or Section 5151, shall not be instructed by mental health personnel to take the person to, or keep the person at, a jail solely because of the unavailability of an acute bed. The peace officer or the authorized professional employee of an emergency transport provider acting at the direction of the peace officer, shall not be forbidden to transport the person directly to the designated facility. No mental health employee from any county, state, city, or any private agency providing psychiatric emergency services shall interfere with a peace officer or an authorized professional employee of an emergency transport provider acting at the direction of a peace officer performing duties under Section 5150 by preventing the peace officer from detaining a person for evaluation and treatment or preventing the peace officer or an authorized professional employee of an emergency transport provider acting at the direction of a peace officer from

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entering a designated facility with the person for an assessment. An employee of a facility shall not require the peace officer or an authorized professional employee of an emergency transport provider acting at the direction of a peace officer to remove the person without an assessment as a condition of allowing the peace officer or an authorized professional employee of an emergency transport provider acting at the direction of a peace officer to depart.

- (b) An emergency transport provider or any certified or licensed personnel of an emergency transport provider who have received training in managing persons who have been detained for evaluation and treatment shall not be civilly or criminally liable for any of the following that may be applicable to the transport of a person who has been detained for evaluation and treatment:
- (1) The continuation of the detention for evaluation and treatment in accordance with this part and other applicable law while transporting the person to a designated facility or an emergency department of a nondesignated hospital at the direction of a peace officer or authorized professional who detained the person for evaluation and treatment.
- (2) The continuation of the detention for evaluation and treatment in accordance with this part and other applicable law while transporting the person detained for evaluation and treatment to a designated facility or an emergency department of a nondesignated hospital at the direction of the treating emergency professional in an emergency department of a nondesignated hospital for an assessment or other service under Section 5151.
- (c) For purposes of this section, "peace officer" means a peace officer as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code and also includes a jailer seeking to transport or transporting a person in custody to a designated facility for an assessment consistent with Section 4011.6 or 4011.8 of the Penal Code and Section 5150.
- (d) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.
- SEC. 12. Section 5150.2 of the Welfare and Institutions Code is amended to read:
- 5150.2. In each county, whenever a peace officer or the authorized professional employee of an emergency transport

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provider acting at the direction of the peace officer has transported a person to a designated facility for an assessment, the officer or professional employee of an emergency transporter shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention for evaluation and treatment and effectuate a prompt, safe, and orderly transfer of physical custody of the person.

SEC. 13. Section 5150.2.5 is added to the Welfare and Institutions Code, to read:

5150.2.5. Nothing in this chapter supersedes or abrogates the provisions governing medical control set forth in Chapter 5 (commencing with Section 1798) of Division 2.5 of the Health and Safety Code.

SEC. 14. Section 5150.3 is added to the Welfare and Institutions Code, to read:

5150.3. (a) (1) The peace officer or an authorized professional who takes a person into custody or otherwise initially detains a person pursuant to Section 5150 shall complete and sign an application for detention for evaluation and treatment, in the form prescribed by subdivision (g), stating the circumstances under which the person's condition was called to the attention of the peace officer or authorized professional, and stating that the peace officer or authorized professional has probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself or herself, or gravely disabled.

- (2) The documentation shall include detailed information regarding the factual circumstances and observations constituting probable cause for the peace officer or authorized professional to believe that the person should be detained for evaluation and treatment in accordance with Section 5150. If the probable cause is based on the statement of a person other than the peace officer or authorized professional, the person shall be liable in a civil action for intentionally giving a statement that he or she knows is false.
- (3) An application for detention for evaluation and treatment shall be valid in all counties to which the person may be taken to a designated facility.
- (b) (1) If the person detained by a peace officer or authorized professional is in a location other than a designated facility or nondesignated hospital, the original or copy of the application for

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detention for evaluation and treatment shall be presented to the designated facility under paragraph (2) or the nondesignated hospital under paragraph (3).

- (2) If after detention under Section 5150, the person is first taken to a designated facility, the original or a copy of the signed application for detention for evaluation and treatment shall be presented to the designated facility.
- (3) If after detention under Section 5150, the person is first taken to a nondesignated hospital, the original or a copy of the signed application for detention for evaluation and treatment shall be presented to the nondesignated hospital. If the person is subsequently transferred to a designated facility, the nondesignated hospital shall deliver the original or a copy of the signed application for detention for evaluation and treatment to the designated facility. If the person is discharged from the nondesignated hospital under Section 5150.15 or 5150.16, without a transfer to a designated facility, the nondesignated hospital shall maintain the original or a copy of the original signed application for detention for evaluation and treatment.
- (c) If a person detained for evaluation and treatment is subsequently released from detention for evaluation and treatment pursuant to Section 5150.15 or 5151, the application for detention for evaluation and treatment in the possession of a designated facility or nondesignated hospital shall be retained for the period of time required by the medical records retention policy of the designated facility or nondesignated hospital.
- (d) The determination of a peace officer or authorized professional to detain a person under Section 5150 and complete and sign an application for detention for evaluation and treatment, shall be based solely on whether the person meets the criteria for detention for evaluation and treatment as set forth in Section 5150. The determination shall not be delayed, denied, or refused based on the availability of beds or services at designated facilities to which a person may be taken under this article.
- (e) If a person detained for evaluation and treatment under Section 5150 is transported by a professional employee of an emergency transport provider to a designated facility or nondesignated hospital at the request of a peace officer or an authorized professional, the peace officer or authorized professional shall give the application for detention for evaluation and treatment

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to the professional employee of the emergency transport provider if the peace officer or authorized professional does not accompany the person to the designated facility or nondesignated hospital.

- (f) A copy of the application for detention for evaluation and treatment shall be given to an emergency transport provider if the person detained for evaluation and treatment is transported from a nondesignated hospital to a designated facility or from a designated facility to another designated facility.
- (g) Not later than July 1, 2016, the department shall adopt and make available a standardized form of the application for detention for evaluation and treatment that shall be used by peace officers and authorized professionals to apply for detention of a person for evaluation and treatment under Section 5150 and by authorized professionals to release a person from detention for evaluation and treatment pursuant to Section 5150.15 or 5151. In developing the form, the department shall request comments from stakeholders including the organizations described in subdivision (b) of Section 5400. The form of the application for detention for evaluation and treatment shall, at a minimum, provide all of the following:
- (1) A description of the person's behavior and other relevant facts that provide the basis for probable cause under Sections 5150 and 5150.05 of the person's detainment for evaluation and treatment.
- (2) For persons detained for evaluation and treatment who are first taken to an emergency department of a nondesignated hospital, documentation of the facts and conclusions that provide the basis for the determination of medical clearance, excluding a psychiatric emergency medical condition, by the emergency professional treating the person in the emergency department to transfer the person to a designated facility.
- (3) Documentation of the facts and conclusions that provide the basis for the determination by an authorized professional authorized to perform an assessment that the person should be admitted for involuntary evaluation and treatment under Section 5152.
- (4) Determination of the facts and conclusions that support the determination by an authorized professional authorized to release a person from detention in accordance with Section 5150.14 or 5151.

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(5) Request by a peace officer under Section 5152.1 for notification of the person's release or discharge by a designated facility or nondesignated hospital.

(6) All of the information required by subdivision (f) of Section 5150.

SEC. 15. Section 5150.4 of the Welfare and Institutions Code is repealed.

SEC. 16.

SECTION 1. Article 1.1 (commencing with Section 5150.10) is added to Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, to read:

Article 1.1. Persons Detained in Nondesignated Hospitals

- 5150.10. Unless the context otherwise requires, the following definitions shall govern the construction of this article:
- (a) "Emergency department of a nondesignated hospital" means a basic, comprehensive, or standby emergency medical service that is approved by the State Department of Public Health as a special or supplemental service of a nondesignated hospital. For purposes of this part, an emergency department of a nondesignated hospital shall include an observation or similar unit of the hospital that meets both of the following criteria:
- (1) The unit is operated under the direction and policies of the emergency department.
- (2) The unit provides continuing emergency services and care to patients prior to an inpatient admission, transfer, or discharge.
 - (b) "Emergency professional" means either of the following:
- (1) A physician and surgeon who is board certified or pursuing board certification in emergency medicine, or a qualified licensed person, as defined in subdivision (g), during any scheduled period that he or she is on duty to provide medical screening and treatment of patients in an emergency department of a nondesignated hospital.
- (2) A physician and surgeon, or a qualified licensed person, as defined in subdivision (g), during any scheduled period that he or she is on duty to provide medical screening and treatment of patients in the emergency department of a nondesignated hospital that is a critical access hospital within the meaning of Section 1250.7 of the Health and Safety Code. A physician and surgeon on duty under this paragraph shall include a physician and surgeon

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on call for a standby emergency medical service who is responsible to provide professional coverage for the emergency department.

A physician and surgeon on duty under this paragraph does not include a physician and surgeon who is providing on-call specialty coverage services to the emergency department of a nondesignated hospital, unless the physician and surgeon is an emergency professional under paragraph (1).

- (c) "Emergency services and care" has the same meaning as in subdivision (a) of Section 1317.1 of the Health and Safety Code.
- (d) "EMTALA" means the Emergency Medical Treatment and Labor Act, and regulations adopted pursuant thereto, as defined in Section 1395dd of Title 42 of the United States Code.

(e)

- (b) "Nondesignated hospital" means a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code or an acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code, that is not a designated facility. facility, as defined in Section 5008.
- (f) "Psychiatric emergency medical condition" has the same meaning as in subdivision (k) of Section 1317.1 of the Health and Safety Code.
- (g) "Psychiatric professional" means a physician and surgeon who is board certified or pursuing board certification in psychiatry and who is providing specialty services to the emergency department of a nondesignated hospital.
- (h) "Qualified licensed person" means a licensed person designated by the medical staff and governing body of a nondesignated hospital to provide emergency services and care, to the extent permitted by applicable law, in an emergency department of the nondesignated hospital under the supervision of a physician and surgeon.
- (i) "Stabilized" has the same meaning as in subdivision (j) of Section 1317.1 of the Health and Safety Code.
- 5150.11. (a) The Legislature finds and declares all of the following:
- (1) A person who has been detained for evaluation and treatment pursuant to Section 5150 should be taken to a designated facility rather than an emergency department of a nondesignated hospital.
- (2) A person who has been detained for evaluation and treatment pursuant to Section 5150 should be detained in an emergency

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department of a nondesignated hospital only for the time necessary to provide required emergency services and care and obtain medical clearance, unless the person requires an admission for inpatient services.

- (3) A person who has been detained for evaluation and treatment pursuant to Section 5150 has the right to receive a prompt assessment to determine the appropriateness of the detention and the need for evaluation and treatment at a designated facility.
- (b) It is also the intent of the Legislature that nothing in this chapter shall be construed to require a peace officer or any other authorized professional to take a person detained for evaluation and treatment to an emergency department of a nondesignated hospital instead of taking the person to a designated facility, unless the peace officer or authorized professional reasonably determines that the person is in need of emergency care and services that should be provided at an emergency department of a nondesignated hospital before the person is transported to a designated facility.
- 5150.12. (a) This section shall apply to a person who has been detained for evaluation and treatment by a peace officer or an authorized professional and is taken to an emergency department of a nondesignated hospital for emergency services and care.
- (b) While the person is in the emergency department of the nondesignated hospital, the detention of the person for evaluation and treatment shall continue, unless the person is released from detention pursuant to Section 5150.15 or 5150.16.
- 5150.13. (a) This section shall apply if, during a person's examination or treatment in an emergency department, there is a need for a determination of probable cause for the detention of the person for evaluation and treatment.
- (b) If a person who has not been detained for evaluation and treatment has signs or symptoms, in the judgment of the treating emergency professional, that indicate probable cause for detention for evaluation and treatment, the person shall have the right to a prompt probable cause determination in accordance with any of the following:
- (1) The hospital may contact the county to arrange for a probable cause determination by an authorized professional, including, but not limited to, a member of a mobile crisis team.
- (2) (A) If the county in which the nondesignated hospital is located has a local or regional liaison, the hospital may contact the

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local or regional liaison to arrange for an authorized professional to provide a prompt probable cause determination of the person.

- (B) The local or regional liaison shall advise the nondesignated hospital within 30 minutes of the time of the initial contact whether an authorized professional can perform the probable cause determination within two hours from the time of the initial contact with the local or regional liaison.
- (C) The probable cause determination shall be based solely on the criteria for detaining a person for evaluation and treatment. The probable cause determination shall not consider the availability of beds or services at designated facilities within or outside of the county.
- (D) The probable cause determination may be conducted by an authorized professional utilizing telehealth.
- (3) The treating emergency professional may conduct a probable cause determination and, upon a finding of probable cause, detain the person for evaluation and treatment in accordance with Sections 5150 and 5150.3.
- (c) If the person is detained for evaluation and treatment pursuant to this section, the detention shall continue during his or her stay in the emergency department of a nondesignated hospital, unless the person is released from detention pursuant to Section 5150.15 or 5150.16 or the detention ends by reason of the expiration of 72 hours pursuant to subdivision (a) of Section 5150. 5150.14.
- 5150.11. (a) This section shall apply to a person who is first detained pursuant to Section 5150 for evaluation and treatment in a nondesignated hospital emergency department or has been detained pursuant to Section 5150 for evaluation and treatment and first taken to an emergency department of a nondesignated hospital.
- (b) (1)—Except as provided in subdivision (e), the nondesignated hospital shall notify the county in which the nondesignated hospital is located of the person's detention.
- (2) If the person was detained for evaluation and treatment and taken to the emergency department of the nondesignated hospital pursuant to Section 5150.12, the notification shall occur after the hospital has performed an initial medical screening of the person in accordance with paragraphs (1) and (2) of subdivision (a) of Section 1317.1 of the Health and Safety Code.

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(3) If the person is first detained for evaluation and treatment in the emergency department of the nondesignated hospital pursuant to Section 5150.13, the notification shall occur when the probable cause determination has been completed.

- (c) The notification to the county shall be made using the 24-hour toll-free telephone number established by the county's mental health program for psychiatric emergency services and crisis stabilization if the county's mental health program has a 24-hour toll-free telephone number in operation on January 1, 2016, 2017, for this purpose. The notification shall be documented in the patient's medical record.
- (d) The nondesignated hospital shall advise the county of all of the following:
- (1) The time when the 72-hour detention period for evaluation and treatment expires.
- (2) An estimate of the time when the person will be medically stable for transfer to a designated facility.
 - (3) The county in which the person resides, if known.
- (e) The notification to the county under this section shall not be required if the treating emergency professional determines that the person will be admitted, pursuant to Section 5150.16, admitted to an acute care bed of a nondesignated hospital for the primary purpose of receiving acute inpatient services for a medical condition that is in addition to the person's psychiatric condition.
- 5150.15. (a) This section shall establish a process for releasing from detention a person who has been detained for evaluation and treatment during the time that the person is detained in the emergency department of a nondesignated hospital.
- (b) If the treating emergency professional determines that there is no longer probable cause to continue the detention for evaluation and treatment, the treating emergency professional may initiate a followup probable cause determination to determine whether the person may be released from detention for evaluation and treatment. The followup probable cause determination shall be made in accordance with either of the following:
- (1) The hospital may contact the county, or a local or regional liaison if authorized by the county, to arrange for an authorized professional to perform a followup probable cause determination to determine whether the person may be released from detention for evaluation and treatment. If a county or a local or regional

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liaison cannot arrange for an authorized professional to make the determination within two hours of the initial call to the county or the local or regional liaison and there is no probable cause for detention, the treating emergency professional may perform a followup probable cause determination to determine whether the person may be released from detention for evaluation and treatment.

- (2) The treating emergency professional, without first contacting the county or a local or regional liaison, may perform a followup probable cause determination to determine whether the person may be released from detention for evaluation and treatment.
- (c) The determination under this section to release a person from detention for evaluation and treatment shall be based solely on whether there is probable cause to continue the detention for evaluation and treatment. The determination to continue the detention or to release the person from detention shall not be based on the availability of beds or services at designated facilities within or outside of the county, or on anything other than whether there is probable cause for detention.
- (d) The followup probable cause determination under this section may be conducted by an authorized professional utilizing telehealth.
- (e) The followup probable cause determination under this section may be conducted by a psychiatric professional.
- 5150.16. (a) This section shall apply to a person detained for evaluation and treatment who is admitted to a nonpsychiatric unit of a general acute care hospital for acute medical services. This section shall apply to all general acute care hospitals, including general acute care hospitals that are designated facilities.
- (b) If the person detained for evaluation and treatment is admitted to a nonpsychiatric unit of a general acute care hospital for the primary purpose of receiving acute inpatient services for a medical condition that is in addition to the person's psychiatric condition, the effect on the detention for evaluation and treatment while receiving acute medical services shall be as follows:
- (1) If the hospital offers to provide assessment, evaluation, and erisis intervention services and the person consents to the services on a voluntary basis in addition to acute medical services, the person shall be released from detention.

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(2) If the hospital offers to provide assessment, evaluation, and erisis intervention services and the person refuses or is unable to consent to the services on a voluntary basis in addition to acute medical services, the detention for evaluation and treatment shall continue in effect during the acute hospital stay, for so long as there continues to be probable cause for the detention.

- (3) If the hospital does not have the capability to provide assessment, evaluation, and crisis intervention services, the person shall be released from detention for evaluation and treatment.
- (c) The release of the person from detention for evaluation and treatment shall be communicated to the person and documented in the person's medical record.
- (d) This section shall not apply to a person detained for evaluation and treatment who meets both of the following:
- (1) The person does not require acute inpatient services for a medical condition.
- (2) The person is awaiting a transfer to a designated facility and is placed in an acute bed of the nondesignated hospital for the purpose of securing the protection of the person or other persons, or both, in the nondesignated hospital pending the transfer of the person to a designated facility.
- (e) In all cases described in subdivision (b), if the discharge plan for the patient provides for followup evaluation and treatment at a psychiatric facility, the patient shall be advised of the recommended need for the followup evaluation and treatment.
- (f) If the person is not able or willing to accept treatment on a voluntary basis, or to accept the referral or transfer to a psychiatric facility, the hospital shall obtain a new probable cause determination for detention for evaluation and treatment pursuant to Section 5150 in order to take or cause the person to be taken to a designated facility. Upon request by the hospital, a county shall arrange for an authorized professional to conduct a probable cause determination in a timely manner, which may be performed by the authorized professional utilizing telehealth.

5150.17. (a) This section, together with Sections 5150.18 and 5150.19, shall apply to the placement in a designated facility of a person in a nondesignated hospital emergency department who has been detained for evaluation and treatment.

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(b) The person may be placed in any designated facility that has the capability to meet the needs of the person, including a designated ambulatory facility.

- (e) Prior to placement in a designated ambulatory facility, personnel at the designated ambulatory facility shall confirm whether the facility can meet the needs of the person within the scope of its designation and capability.
- 5150.18. (a) This section shall apply to the placement in a designated facility for a person described in Section 5150.17 if the person has a psychiatric emergency medical condition.
- (b) If a person, in the judgment of the treating emergency professional, has a psychiatric emergency medical condition, the placement in a designated facility shall be made as follows:
- (1) The placement may be in any designated facility that has the capability and capacity to provide evaluation and treatment for the person, whether that designated facility is located within or outside of the county of the hospital.
- (2) The treating emergency professional shall determine the mode of transportation, including personnel and equipment, that are appropriate for the transport of the person to the designated facility.
- (3) In the event of a disagreement as to whether the person under this section has a psychiatric emergency medical condition, the judgment of the treating emergency professional shall prevail.
- (4) The placement of a person described in this subdivision shall take precedence over provider networks.
- (c) If the person, in the judgment of the treating emergency professional, does not have a psychiatric emergency medical condition, the placement of the person in a designated facility for evaluation and treatment shall be deemed to be made for a medical reason within the meaning of Section 1317.2 of the Health and Safety Code.
- (d) This section shall also apply to a person who has been medically stabilized, but is being held in an inpatient unit of the nondesignated hospital for the purposes of ensuring the safety and security of the person or other persons, pending placement of the person in a designated facility for evaluation and treatment.
- (e) If a person detained for evaluation and treatment is in the emergency department of a nondesignated hospital, or in a bed not licensed for psychiatric care, the nondesignated hospital shall make

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good faith efforts to arrange placement for the person in a designated facility and, pending placement, shall provide further screening, treatment, and monitoring consistent with the needs of the patient and within the capacity of the hospital.

5150.19. (a) This section describes assistance that may be available to an emergency department of a nondesignated hospital for the placement in a designated facility of a person described in Section 5150.17.

- (b) If a person has been taken to or detained by a county-authorized professional in the emergency department of the nondesignated hospital, the authorized professional shall assist the nondesignated hospital in arranging for the placement of the person with an appropriate designated facility.
- (c) If a person is detained for evaluation and treatment by a peace officer or a treating emergency professional in the emergency department of the nondesignated hospital, the hospital may contact the local or regional liaison, if authorized for the county in which the nondesignated hospital is located, to assist the hospital in arranging for the placement of the person in a designated facility, as follows:
- (1) Contact with the local or regional liaison may be initiated when the treating emergency professional has medically stabilized the person for placement in a designated facility.
- (2) The hospital shall inform the county or the local or regional liaison whether the person has a psychiatric emergency medical condition that requires a transport of the person in accordance with the EMTALA obligations for making an appropriate transfer.
- (d) A nondesignated hospital shall make efforts to obtain placement of the person in a designated facility without first contacting the county or the local or regional liaison under this section or in addition to requesting assistance that may be provided by the county or the local or regional liaison.
- 5150.20. (a) The determination of probable cause to detain a person for evaluation and treatment shall be independent of a determination as to whether the person has a psychiatric emergency medical condition for the provision of emergency services and eare.
- (b) A determination of probable cause to detain a person for evaluation and treatment, whether by a peace officer or an authorized professional, shall not be deemed to constitute a

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psychiatric emergency medical condition unless a treating emergency professional or psychiatric professional has determined that the person has a psychiatric emergency medical condition.

- (c) A determination by a treating emergency professional or a psychiatric professional that a person has a psychiatric emergency medical condition shall not be deemed to constitute probable cause under Section 5150 that the person may be detained for evaluation and treatment.
- (d) A determination by a treating emergency professional or a psychiatric professional that a person detained for evaluation and treatment does not have a psychiatric emergency medical condition, or that the person's psychiatric emergency medical condition is stabilized, shall not be deemed to constitute a release of the person from detention for evaluation and treatment.
- 5150.21. (a) A nondesignated hospital and the professional staff of the nondesignated hospital shall not be civilly or criminally liable for the transfer of a person detained for evaluation and treatment to a designated facility in accordance with this article.
- (b) The peace officer or authorized professional responsible for the detention of the person for evaluation and treatment who transfers the custody of the person to an emergency professional of a nondesignated hospital, shall not be civilly or criminally liable for any of the following:
- (1) The continuation and enforcement of the detention for evaluation and treatment during the person's stay in the emergency department of the nondesignated hospital prior to the discharge of the person from the hospital in accordance with this article.
- (2) The release of the person from detention for evaluation and treatment in accordance with this article.
- (3) The transfer of the person detained for evaluation and treatment to a designated facility in accordance with this article.
- (c) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.
- SEC. 17. Article 1.2 (commencing with Section 5150.30) is 36 added to Chapter 2 of Part 1 of Division 5 of the Welfare and **Institutions Code, to read:**

Article 1.2. Voluntary Patients

- 5150.30. (a) A provider of ambulance services licensed by the Department of the California Highway Patrol or operated by a public safety agency, and the employees of those providers who are certified or licensed under Section 1797.56 of the Health and Safety Code, shall be authorized to transport a person who is in a hospital or facility on a voluntary basis to a designated facility for psychiatric treatment. This section shall apply to transfers from any type of facility, including nondesignated hospitals and other facilities.
- (b) A person shall not be detained for evaluation and treatment solely for the purpose of transporting the person, or transferring the person by a provider of ambulance services, to a designated facility or an emergency department of a nondesignated hospital.
- (c) Not later than July 1, 2016, the department shall adopt and make available a standardized form that will enable voluntary patients to consent to transfer between facilities by a provider of ambulance services. The form shall be provided to voluntary patients to sign before the transfer of the patient. The form shall be kept in the patient's medical record. Copies of the form shall be given to the patient and the provider of ambulance services.
- (d) This section shall apply to all patients who are on voluntary status, regardless of whether the person was previously detained for evaluation and treatment at any point during the course of treatment at a nondesignated hospital or designated facility prior to the transfer.
- (e) No person shall require a person to be subject to detention for evaluation and treatment for the purpose of authorizing or providing evaluation, treatment, or admission to a facility, or as a condition for providing or paying for medical services, care, or treatment, including emergency services and care, unless there is probable cause under Section 5150 to detain the person for evaluation and treatment and the person cannot be properly served on a voluntary basis. Nothing in this part shall be construed as preventing a person subject to detention for evaluation and treatment from receiving evaluation or treatment on a voluntary basis unless there has been an adjudication under this part that the person lacks the capacity to do so.

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SEC. 18. The heading of Article 1.3 (commencing with Section 5151) is added to Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, to read:

Article 1.3. Admission to a Designated Facility

- SEC. 19. Section 5151 of the Welfare and Institutions Code is amended to read:
- 5151. (a) If a designated facility for evaluation and treatment admits the person, it may detain him or her for evaluation and treatment for a period not to exceed 72 hours from the time that the person was initially detained pursuant to subdivision (a) of Section 5150.
- (b) Prior to admitting a person to the facility for evaluation and treatment, the professional person in charge of the facility or his or her designee shall conduct an assessment of the individual in person to determine the appropriateness of the involuntary detention.
- SEC. 20. Section 5151.1 is added to the Welfare and Institutions Code, to read:
- 5151.1. If the assessment results in a determination that the person is in need of mental health services, but he or she is not admitted to the facility, the designated facility shall provide the person with appropriate referrals and a list of alternative services and other resources that are appropriate to the needs of the person. The alternative services and other resources shall include both of the following, as applicable:
 - (a) The services described in subdivision (b) of Section 5150.
- (b) The services for persons with severe mental illness and substance use disorders posted by a county on its Internet Web site pursuant to Section 5013.
- SEC. 21. Section 5151.2 is added to the Welfare and Institutions Code, to read:
- 5151.2. (a) Each county shall establish disposition procedures and guidelines with local law enforcement agencies for the safe and orderly transfer of persons detained for evaluation and treatment by a peace officer, who has requested notification under Section 5152.1 of the person's release from detention for evaluation and treatment in accordance with Section 5150.15, 5150.16, or 5151. The disposition procedures and guidelines shall include

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persons who are not admitted for evaluation and treatment and who decline alternative mental health services and persons who have a criminal detention pending.

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(b) The disposition procedures and guidelines should include interagency communication between law enforcement agencies located within the county, as well as law enforcement agencies located in other counties, that take or arrange to take persons detained for evaluation and treatment under Section 5150 to health facilities within the county. The disposition procedures and guidelines, including updates, shall be disseminated to designated facilities and nondesignated hospitals.

SEC. 22. Section 5152.1 of the Welfare and Institutions Code is amended to read:

5152.1. (a) A designated facility or nondesignated hospital shall notify the county mental health director, or the director's designee, and the law enforcement agency that employs the peace officer who makes the application for detention for 72-hour evaluation and treatment pursuant to Section 5150, if the person admitted pursuant to Section 5152 will be discharged after a 72-hour inpatient admission, when the person is not admitted by the designated facility, when the person discharged before the expiration of the 72-hour inpatient admission, when the person discharged from detention for evaluation and treatment is released under Section 5150.15, 5150.16, or 5151, or if the person elopes from a designated facility or nondesignated hospital, if both of the following conditions apply:

- (1) The peace officer who made the application for detention for evaluation and treatment requests notification of the person's release or discharge at the time he or she makes the application for detention for evaluation and treatment and the peace officer certified at that time in writing that the person has been detained for evaluation and treatment under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint. The application for detention for evaluation and treatment shall include one or more methods of contacting a person at the law enforcement agency who may receive the notification.
- (2) The notice is limited to the person's name, address, date of admission or initial service, and date of release.

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(b) If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.

- (c) The notice required by this section shall be made prior to the release or discharge of the person, if possible. The designated facility or nondesignated hospital shall consider the distance from the law enforcement agency to the location of the designated facility or nondesignated hospital in giving the notice. The peace officer or other representative of the law enforcement agency receiving the notice shall promptly advise the designated facility or nondesignated hospital whether the peace officer or other law enforcement agency representative shall take custody of the person upon his or her release or discharge from the designated facility or nondesignated hospital and, if so, the time at which the peace officer or other law enforcement agency representative will be present at the designated facility or nondesignated hospital.
- (d) Nothing in this section shall be construed to require the designated facility or nondesignated hospital to delay the discharge of a person for purposes of awaiting the arrival of the peace officer or another representative of the law enforcement agency.
- SEC. 23. Section 5152.2 of the Welfare and Institutions Code is repealed.
- SEC. 24. Section 5152.2 is added to the Welfare and Institutions Code, to read:
- 5152.2. In addition to the request for notification set forth in the application for detention for evaluation and treatment, each law enforcement agency shall arrange with the county mental health director for a method for designated facilities and nondesignated hospitals to give prompt notification to peace officers under Section 5152.1. The methods for notification for each county shall be disseminated by the county to the designated facilities and nondesignated hospitals located within the county.
- SEC. 25. Section 5153 of the Welfare and Institutions Code is amended to read:
- 5153. Whenever possible, officers charged with apprehension of persons pursuant to this chapter shall dress in plain clothes and travel in unmarked vehicles.

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SEC. 26. Section 5270.50 of the Welfare and Institutions Code is amended to read:

5270.50. (a) Notwithstanding Section 5113, if the provisions of Section 5270.35 have been met, the professional person in charge of the facility providing intensive treatment, his or her designee, the medical director of the facility or his or her designee described in Section 5270.53, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before the end of 30 days pursuant to this article.

- (b) The professional person in charge of the facility providing intensive treatment or his or her designee, the medical director of the facility or his or her designee described in Section 5270.35, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of the 30 days pursuant to this article.
- (e) The attorney or advocate representing the person, the court-appointed commissioner or referee, the certification review hearing officer conducting the certification review hearing, and the peace officer responsible for detaining the person shall not be civilly or criminally liable for any action by a person released at or before the end of 30 days pursuant to this article.